

**MULTIPLE CLAIMANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09 762225** FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		2		1			54					
5		6		1			55					
6		6		1			56					
7	1		1				57					
8		1		1			58					
9		2		1			59					
10		2		1			60					
11		2		1			61					
12		2		1			62					
13		2		1			63					
14		2		1			64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2				TOTAL IND.					
TOTAL DEP.	14		18				TOTAL DEP.					
TOTAL CLAIMS	16		20				TOTAL CLAIMS					

BEST AVAILABLE COPY